IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC

P.O. Box 19928

Alexandria, Virginia 22320 Telephone: (703) 836-6400

Facsimile: (703) 836-2787

Customer Number: 25944

Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Date: November 4, 2003

Attorney Docket No.: _ 115005

MAIL STOP PATENT APPLICATION

NONPROVISIONAL APPLICATION TRANSMITTAL O **RULE §1.53(b)**

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

SYSTEMS AND METHODS FOR MAKING DEFINED ORIFICE STRUCTURES IN

FLUID EJECTOR HEADS AND DEFINED ORIFICE STRUCTURES

By (Inventors):

Gary A. KNEEZEL

\boxtimes	Formal drawings (Figs. 1-18; 10 sheets) are attached.
KZI	Use Figure 4 for front page of Publication.
	A Declaration and Power of Attorney is filed herewith.
\sqcup	This application claims benefit of Provisional Application No filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
\boxtimes	This patent application is assigned to FUJI XEROX CO., LTD.
_	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
	Entitlement to small entity status is hereby asserted.
H	
\vdash	A Preliminary Amendment is filed herewith.
\sqcup	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application(s) is filed herewith.
	This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that
_	the invention disclosed in this application has not been and will not be the subject of an application filed in another
	country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
\boxtimes	The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR: NO. FILED NO. EXTRA **BASIC FEE TOTAL CLAIMS** 26 - 20 6 **INDEP CLAIMS** 4 - 3 ☐ MULTIPLE DEPENDENT CLAIMS PRESENTED

SMALL ENTITY

SMALL ENTIT			
RATE	FEE		
	\$ 385		
x 9=	\$		
x 43 =	\$		
+ 145 =	\$		
TOTAL	\$		

OTHER THAN A **SMALL ENTITY**

OR

OR

<u>OR</u>

<u>OR</u>

<u>OR</u>

<u>OR</u>

RATE	FEE
	\$ 770
x 18	\$ 108
x 86	\$ 86
+ 290	\$
TOTAL	\$ 964

 \boxtimes Check No. 147940 in the amount of \$964 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Seth S. Kim

Registration No. 54,577

^{*} If the difference is less than zero, enter "0".